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\*BIBDATASHEET\*

CONFIRMATION NO. 4903

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/852,965	<b>FILING OR 371(c) DATE</b> 05/10/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> 2478.1002-002
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## APPLICANTS

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 John L. Kane, Maynard, MA;  
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/203,784 05/12/2000 } m  
 and claims benefit of 60/205,213 05/18/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/11/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 107	<b>INDEPENDENT CLAIMS</b> 18
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>VM</u> Initials				

## ADDRESS

21005

## TITLE

Modulators of TNF-alpha signaling

<b>FILING FEE RECEIVED</b> 3606	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 4903

<b>SERIAL NUMBER</b> 09/852,965	<b>FILING DATE</b> 05/10/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 2478.1002-002
<b>APPLICANTS</b> Scott F. Sneddon, Salem, MA; John L. Kane, Maynard, MA; Bradford H. Hirth, Littleton, MA; Fred Vinick, Lexington, MA; Shuang Qiao, Cambridge, MA; Sharon R. Nahill, Belmont, MA; <div style="position: absolute; top: 20px; right: 20px; font-style: italic;">Add two more inventors.</div>				
<b>CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/203,784 05/12/2000 AND CLAIMS BENEFIT OF 60/205,213 05/18/2000				
<b>FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> 07/11/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 107
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 18		
<b>ADDRESS</b> 30093				
<b>TITLE</b> Modulators of TNF-alpha signaling				
<b>FILING FEE RECEIVED</b> 3606	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	